Editorial

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Acta Rheumatologica

2022
Vol. 9 No. 3: 08

Editorial on Musculoskeletal Infections in Children

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Received: 01-Jun-2022, Manuscript No. IPAR-22-12503; **Editor assigned:** 04-Jun-2022, PreQC No. IPAR-22-12503 (PQ); **Reviewed:** 18-Jun-2022, QC No. IPAR-22-12503; **Revised:** 23-Jun-2022, Manuscript No. IPAR-22-12503 (R); **Published:** 30-Jun-2022, DOI: 10.36648/ipar.22.9.3.08

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Citation: Manava C (2022) Editorial on Musculoskeletal Infections in Children. Acta Rheuma, Vol. 9 No. 3: 08.

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Bone and joint infections in children are severe and often fatal diseases that, especially in resource-poor settings, produce serious and long-term sequelae if not recognised and treated early. Hematogenous osteomyelitis (OM) and septic arthritis (SA) are the most common in youngsters [1]. S.aureus, respiratory pathogens, and Salmonella are common causal agents in tropical climates. If antibiotic treatment is initiated quickly, the prognosis in acute patients is often excellent. Osteomyelitis (OM) is a bone infection. Pain in a specific bone with overlaying redness, fever, and weakness are possible symptoms [2].

The long bones of the arms and legs, such as the femur and humerus, are the most typically affected in youngsters. The cause is mainly a bacterial infection, but it can also be a fungal infection in rare cases. It can spread from the blood or from the surrounding tissue [3]. Diabetes, intravenous drug use, past splenectomy, and trauma to the region are all risk factors for developing osteomyelitis. Symptoms and basic laboratory tests such as C-reactive protein (CRP) and Erythrocyte sedimentation rate are commonly used to make a diagnosis (ESR) [4]. This is due to the fact that plain radiographs are unimpressive in the first few days after an acute infection. Symptoms of acute bacterial osteomyelitis include pain in a specific bone with overlaying redness, fever, weakness, and incapacity to walk, particularly in youngsters [5]. The onset can be abrupt or gradual. Lymph nodes that are enlarged may be present.

There is generally a history of barefoot walking in fungal osteomyelitis, especially in rural and farming settings. In contrast to bacterial osteomyelitis, which is typically transmitted through the bloodstream, fungal osteomyelitis begins as a skin infection and then spreads to deeper tissues until it reaches bone. Because of the strong blood supply to the growing bones, acute osteomyelitis nearly often develops in otherwise healthy children. Adults may be affected due to weakened host resistance as a result of debilitation, intravenous drug addiction, infected root-canaled teeth, or other diseases or medicines (e.g., immunosuppressive therapy).

When an infection enters the body through the bloodstream, it usually affects the metaphysis of the bone. When the bone becomes infected, leukocytes enter the infected area and release enzymes that lyse the bone in an attempt to absorb the infecting organisms [6]. Pus seeps into the blood vessels of the bone, impeding their flow, and patches of devitalized infected bone, known as sequestra, create the foundation of a persistent infection.